**Diazepam suggested tapering regime**

Diazepam is a benzodiazepine licenced in the UK for a number of conditions including acute muscle spasms, anxiety, alcohol withdrawal, premedication, sedation, seizures and dyspnoea of palliative care. Diazepam (like all benzodiazepines) is associated with increased risk of respiratory depression when co-prescribed with opioids; current guidelines therefore recommend avoid co-prescribing. Due to dependency, only short-term use of benzodiazepines is recommended.

Diazepam acts by modulating gamma-aminobutyric acid type A (GABAA) receptors. Excitation of the GABAA receptors leads to reduced activity in specific areas of the Central Nervous System (CNS), and therefore reduced arousal throughout the body. Consequently, use of diazepam has wide reaching effects, leading to a wide array of withdrawal symptoms on stopping when used over longer term. These effects are both physical and psychological.

Withdrawal symptoms vary and may include rebound insomnia, restlessness, irritability/mood changes, increased anxiety, muscle cramps/spasms, vomiting, sweating, headaches, tremors, confusion, depersonalization, paraesthesia, hypersensitivity and seizures.

Where diazepam has been used for more than 2-4 weeks there should be a tapering of the dose to reduce the risk of withdrawal effects. This may take weeks or months.

Particular care should be exercised in patients when considering reducing diazepam in patients with a low seizure threshold. In such circumstances:

* always discuss with specialist teams prior to any reduction
* reduction regimes will usually need to occur over longer periods
* reduction regimes will usually be specific to each patient

Dose changes should be individualised to the person.  There are no recommendations as to the speed of reduction.  A suggested regime for a patient who is already taking diazepam 15mg daily is included below.   If the patient is taking a lower dose than 15mg, then start the process further down the table and follow the suggested tapering guidance.

Before starting:

* Where possible, ensure any reduction is discussed and agreed with the patient.
* Agree the speed of dose reduction with the patient. Some patients may want to reduce quickly with a view to stopping over one month, but this is too fast for most patients.
* Typically one change per week is recommended. Faster than this could lead to physical withdrawal symptoms. Some patients will need space to acclimatise to the new dose so the dose changes may be every one to two weeks. Inform the patient that reduction can be slowed but not reversed.

If necessary, convert the benzodiazepine being used as a hypnotic to diazepam, this shouldn’t usually be needed as it may delay tapering unnecessarily.

Diazepam 5mg is approximately equivalent to:

* Temazepam 10mg
* Oxazepam 10-15mg
* Nitrazepam 5mg
* Lorazepam 0.5mg

Diazepam tablets are available as 2mg, 5mg and 10mg tablets.

The reduction withdrawal schedule is flexible and should be individualised to each patient, some patient’s may need only 1-2 weeks per change, but others may need longer.

|  |  |  |  |
| --- | --- | --- | --- |
| **Starting total dose of 15mg Diazepam at night**  **Reduce no faster than 1 change per week**  **Start lower down the table if a patient is taking a lower dose than 15mg at night** | | | |
| ***Week*** | ***Total night diazepam dose*** | ***Number tablets/night*** | ***Number of tablets per week*** |
| 1 | 14mg | 7 x 2mg | 49 |
| 2 | 12mg | 6 x 2mg | 42 |
| 3 | 10mg | 5 x 2mg | 35 |
| 4 | 8mg | 4 x 2mg | 28 |
| 5 | 6mg | 3 x 2mg | 21 |
| 6 | 4mg | 2 x 2mg | 14 |
| 7 | 3mg | 1½ x 2mg | 11 |
| 8 | 2mg | 1 x 2mg | 7 |
| 9 | 1mg | 1½ x 2mg | 4 |
| 10 | 0mg | STOP | STOP |

**References**

[Material to support appropriate prescribing of hypnotics and anxiolytics across Wales - All Wales Medicines Strategy Group (nhs.wales)](https://awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/prescribing-guidance/material-to-support-appropriate-prescribing-of-hypnotics-and-anxiolytics-across-wales/)

[Diazepam Tablets BP 2mg - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)](https://www.medicines.org.uk/emc/product/4523/smpc)

[Scenario: Benzodiazepine and z-drug withdrawal | Management | Benzodiazepine and z-drug withdrawal | CKS | NICE](https://cks.nice.org.uk/topics/benzodiazepine-z-drug-withdrawal/management/benzodiazepine-z-drug-withdrawal/)

[benzo.org.uk : Benzodiazepines: How They Work & How to Withdraw, Prof C H Ashton DM, FRCP, 2002](https://www.benzo.org.uk/manual/index.htm)

[benzo.org.uk : Benzodiazepines: How They Work & How to Withdraw, Prof C H Ashton DM, FRCP, 2002](https://www.benzo.org.uk/manual/bzsched.htm#s12)

Practice headed paper

**Patient reduction card record**

This surgery has agreed with you the following reduction regimen of your medication:

Name of patient……………………………………………………………………….

Name of usual doctor............................................................................................

Date of first appointment ......../………/………. (DD/MM/YYYY)

Agreement to be kept by the patient (copy in the notes)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Week | Date | Drug | Dose | Number of 2mg tablets daily | Total number of tablets prescribed |
| 1 |  | Diazepam |  |  |  |
| 2 |  | Diazepam |  |  |  |
| 3 |  | Diazepam |  |  |  |
| 4 |  | Diazepam |  |  |  |
| 5 |  | Diazepam |  |  |  |
| 6 |  | Diazepam |  |  |  |
| 7 |  | Diazepam |  |  |  |
| 8 |  | Diazepam |  |  |  |
| 9 |  | Diazepam |  |  |  |
| 10 |  | Diazepam |  |  |  |